718719

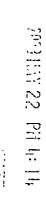
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: High Point Court Association, Inc. of Corporation	····
DOC	UMENT NUMBER: 718719	· · · · · · · · · · · · · · · · · · ·
The en	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	matter to the following:
Micha	nel Bogen	
Name	of Contact Person	
Boger	Law Group, P.A.	
Firm/	Company	
7351	Wiles Rd. Stc. 202	
Addre	ess	
Coral	Springs, FL 33067	
City/S	State and Zip Code	•
E-ma	il address: (to be used for future annua	report notification)
For fu	urther information concerning this matter, p	please call:
Micha	nel Bogen	525-0751
	Name of Contact Person	at (954) 525-0751 Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address:
	Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

. . . .

Pursuant to the provisions of sections 607.0502, 617.05 statement of change is submitted for a corporation organization orday to change its projectors of affice or project.	nized under the laws of the State of Florida	
in order to change its registered office or regis	•	
1. The name of the corporation: High Point Court Associ		
2. The principal office address: 211 High Point Blvd., Bo	ynton Beach, FL 33435	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 6/19/1970	Document number: 718719	
The name and street address of the current registered Florida Department of State: (If resigned, enter resign		
Jacquetine Green		
240 High Point Court Apt. A	·	
Boynton Beach, FL 33435		
6. The name and street address of the new registered age (if changed):	ent (if changed) and /or registered office	
Bogen Law Group, P.A.		
7351 Wiles Rd. Ste. 202		
	ox NOT acceptable	
Coral Springs, FL 33067		
The street address of its registered office and the stree as changed will be identical.	t address of the business office of its registered a	igent.
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been n	ed by its board of directors or by an officer so otified in writing of the change.	
Signature of an officer of director	SHALIN A. MKAY Besident	
I hereby accept the appointment as registered agent at I further agree to comply with the provisions of all sta of my duties, and I am familiar with and accept the ob- document is being filed merely to reflect a change in t corporation has been notified in writing of this change	tutes relative to the proper and complete perfor	manc if thi at the
	5/9/2023	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		<u></u> 2
Michael Bogen		33
Typed or Printed Name		
* * * FILING F	EE: \$35.00 * * *	22 AL: Lead
	ORIDA DEPARTMENT OF STATE P.O. BOX 6327, TALLAHASSEE, FL 32314	<u> </u>